



ADULT SPORTS TEAM ROSTER

SPORT:

MEN'S SOFTBALL COED SOFTBALL MEN'S BASKETBALL COED GOLF COED KICKBALL

SEASON:

TEAM NAME:

MANAGER:

ADDRESS:

HOME PHONE:

CELL PHONE:

TEXTS: Y N

EMAIL ADDRESS:

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Physical limits and that the very nature of the activity is hazardous could result in death, injury, and property, risk may derive from conditions of terrain, facilities, weather, equipment, lighting, the actions of others as well as other sources. I hereby assume all risks of my involvement in this activity. I certify that I am physically fit and have been sufficiently trained for participation in this activity, and have not been advised otherwise by a qualified medical person. I acknowledge that this accident waiver and release of liability will be used by the City of Chula Vista and other activity holders, sponsors and organizers, and that it will govern my actions and responsibilities at said activities. In consideration of me being permitted to participate in this activity and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) waive release and discharge from liability the City of Chula Vista and their agents and the Amateur Softball Association of America, and their directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors, and volunteers, for my death, injury or property loss or damage or action of any kind which may accrue to me as a result of my participation in this activity, and; (B) agree to indemnify and hold harmless the above mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this activity except for those claims arising from the sole negligent or willful conduct of the City of Chula Vista or its agents. I hereby consent to the administering of medical treatment if deemed advisable in the event of injury, accident, and/or illness during this activity. This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby acknowledge and certify that I have read the accident waiver and release of liability and understand its content. I further understand and agree that it is my responsibility to provide my own insurance.

NAME	TELEPHONE #	EMAIL ADDRESS	SIGNATURE
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If you have any questions please call (619) 409-5893